



# Risk Factors and Characteristics of Childhood Filicide in Ontario

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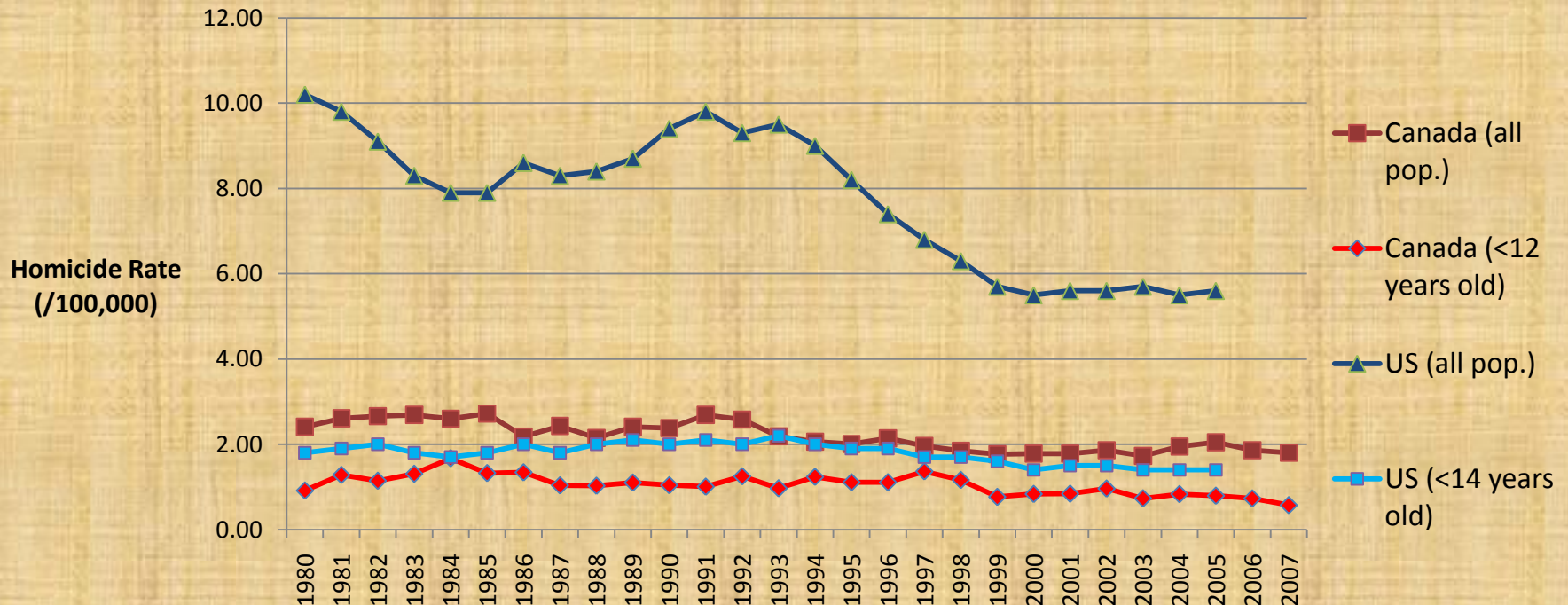
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# Childhood Abuse

- Complicated problem that can be difficult to identify
- More common than most believe
  - 5 – 35% in high-income countries
  - Up to 10x higher than reported by child protection agencies
- Long-term effects of abuse include psychological effects, health effects, and future abusive relationship

# Paediatric Homicide

- 4<sup>th</sup> leading cause of death children aged 1-12 (US)
- Canadian rates: ~30 kids aged 0-11 / year
  - ~0.8 / 100,000



# Our Study

- Determine factors putting children at risk for homicide
- Better identify families that need interventions to protect children (i.e. CAS, social supports, etc.)

# Methods

- Retrospective review of all coroner files from 2002 – 2006
- Inclusion criteria:
  - Homicides committed by close contacts  
I.e. caretakers, step-parents, boyfriends, etc.
  - Aged 0-12  
Convenience sample – more likely to be “family” related
- Data collected in aggregate format
- Compared sample with statistics from province

# The Data

- 71 child victims of homicide (ages 0-12)
  - 6 files not reviewed (unavailable)
  - 10 “random” homicides excluded
- 55 children analyzed in study
- 49 incidents encompass all 55 deaths
  - Event characteristics only analyzed once

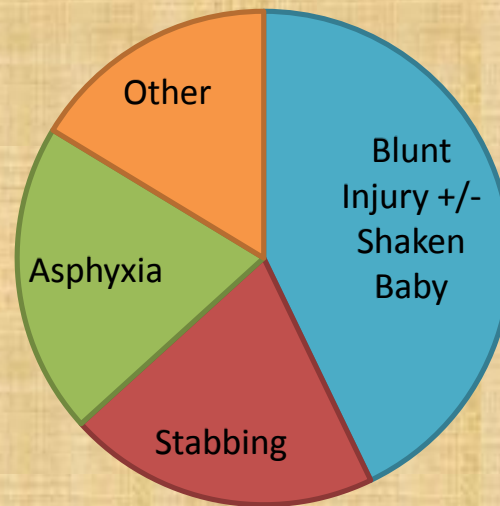
# Victim Demographics

- 27 females, 28 males; mean age = 3.6 yrs (STD = 3.8)
- Younger children overrepresented compared to Ontario's population (Fisher 2-tailed –  $p = 0.004$ )
- No association between age and sex (Chi-squared –  $p = 0.29$ )



# Mechanism of Death

- Blunt injury +/- shaking – 21 events
- Stabbing – 10 events
- Asphyxia / drowning – 10 events
- Other causes (neglect, gunshot, etc.) – 8 events



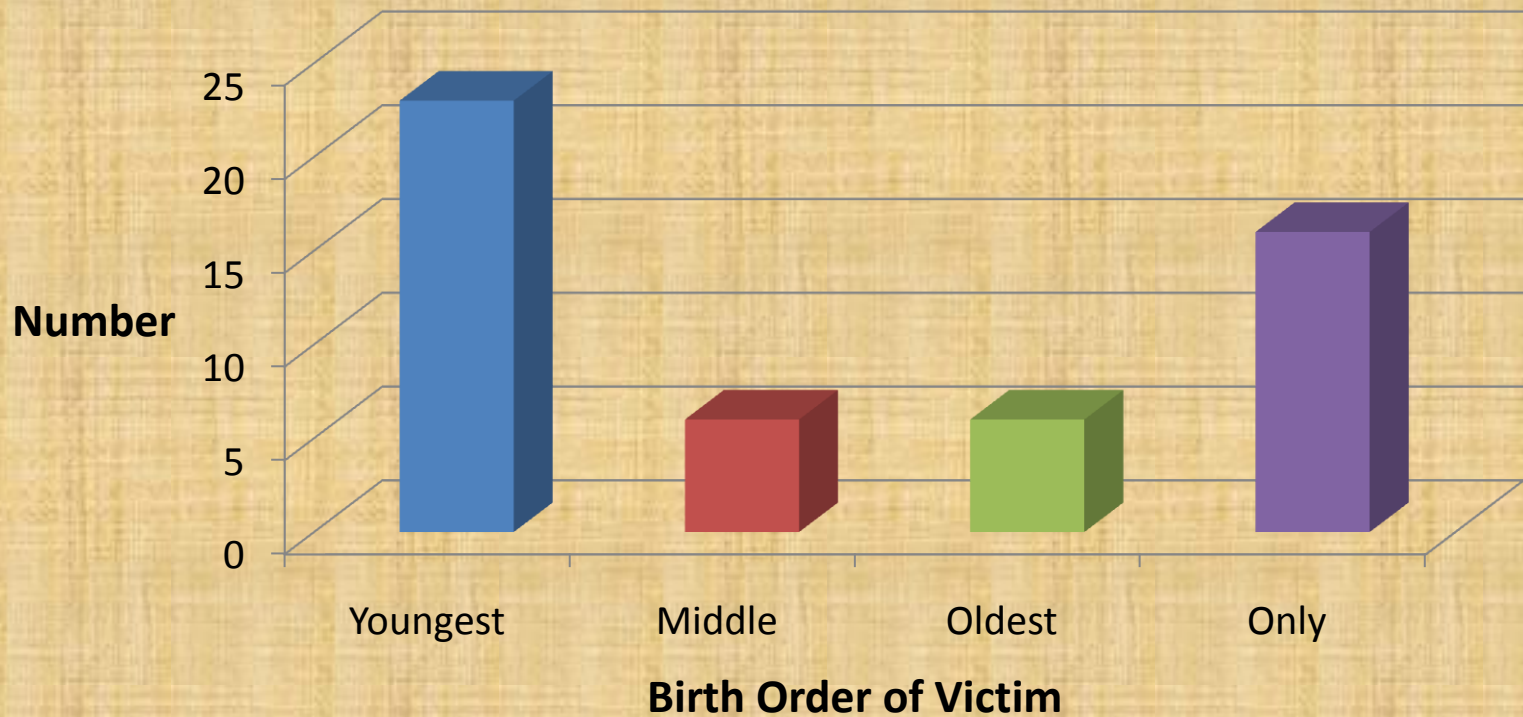


# Family Demographics

- 19 biological parents married vs 28 not married
  - Significant difference compared with caretakers of average Ontario child – 74% married (Chi-squared 2-tailed –  $p < 0.0001$ )
  
- 31 families with multiple children, 16 with only child
  - Similar to Ontario statistics = 42.5% only child (chi-squared –  $p = 0.24$ )

# Birth Order

- Youngest child at greatest risk (Fisher 2-tailed –  $p = 0.001$  when compared to oldest child)

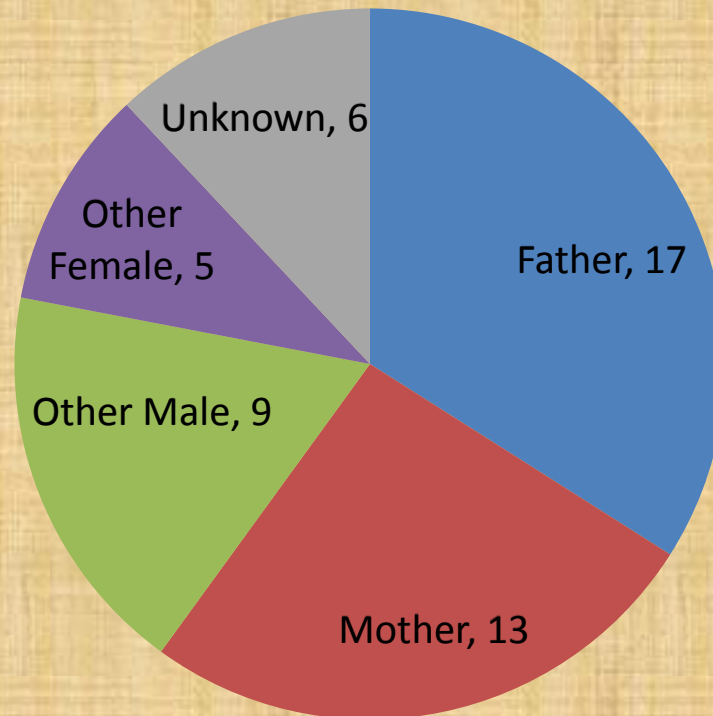


# Socioeconomic Status

- Used forward sortation area of postal code to estimate income by neighbourhood
- Significantly lower income in sample neighborhoods - \$33,402 vs \$38,099 (One-sample T test –  $p < 0.0001$ )

# Perpetrator Demographics

- Parents most often perpetrators (>60%)
- Trend towards more males not significant (chi-squared 1-tailed –  $p = 0.20$ )



# Perpetrator Demographics (cont.)

- Male perpetrator more likely implicated if victim six years or older (Fisher 2-tailed –  $p = 0.0075$ )
  - Also true of fathers / step-fathers (Fisher 2-tailed –  $p = 0.050$ )
  
- Female perpetrators younger in age (Fisher 2-tailed –  $p = 0.050$ )
  - Also true for mothers (Fisher 2-tailed –  $p = 0.039$ )

# Previous Violence

- Prior abuse in majority of incidents

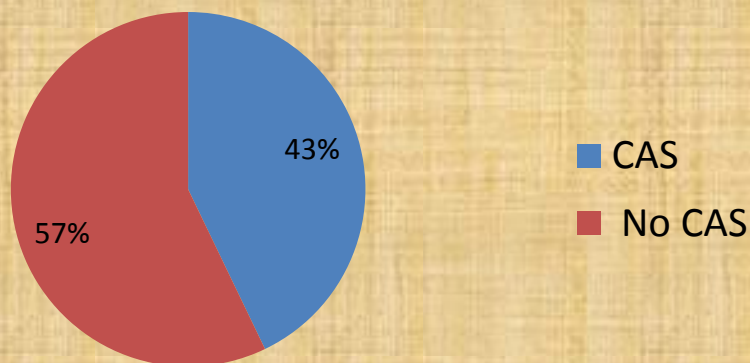
| Violence against Partner | Violence against Child | No previous Abuse | Unknown |
|--------------------------|------------------------|-------------------|---------|
| 18                       | 14                     | 13                | 9       |

- Significantly more domestic violence compared to Ontario rate (Fisher 1-tailed –  $p < 0.0001$ )
- Overestimating Ontario rates (at 25%) and assuming unknown cases negative for violence still shows more abuse in sample (chi-square –  $p = 0.058$ )

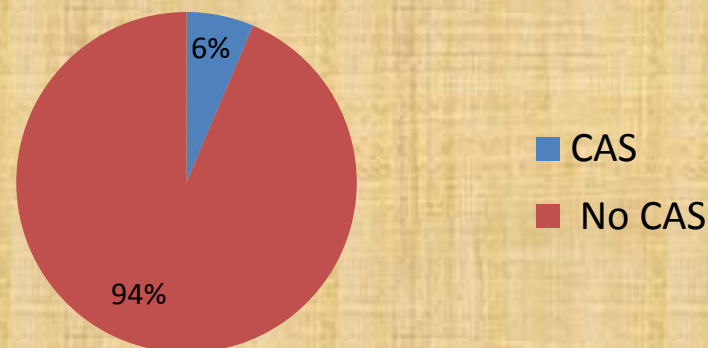
# Children's Aid

- CAS / CPS often somehow involved prior to homicide (21 / 49 incidents)
  - Significantly greater than 1-6% involvement cited in Ontario (Fisher 2-tail –  $p < 0.0001$ )

**CAS involvement in Sample Population**



**CAS involvement in Ontario (upper estimate)**



# Possible Explanations



# Younger children

- Children <6 months and youngest child at risk
- Multiple factors involved:
  - More likely to succumb to injuries from abuse
  - New parents may feel overwhelmed by cost / responsibility of baby
  - Unwanted / less attachment to child
  - Increased psychiatric disorders associated with peripartum period
- Older children not necessarily decreased abuse risk
- Teenagers not included

# “Common” Mechanisms

- Most mechanisms involve blunt trauma, stabbing, and asphyxiation
- Only small percentage involve controllable weapons like firearms
  - More frequent in teenage / adult subgroups
  - May also reflect less availability of firearms in Canada

# Lower Socioeconomic Status

- Forward sortation areas indication of neighbourhood affluence, not specific for individual income
- Lower SES likely results in:
  - Increased stress related to providing for children
  - Less time to spend caring for children
  - Decreased education about parenting

# Perpetrators

- Parents most likely perpetrators
  - Spend most time with child
  - Most likely to be frustrated with child
- Increased risk with separated parents
  - Children in the middle of domestic fights
  - Risk of jealousy with new / old partner
  - Increased stress for single parent

# Perpetrators (cont.)

- Older children at more risk from males / fathers
  - Seen across all age groups other than infants
  - Peripartum psychiatric disorders not involved
  - Less stress from direct caretaking, which more likely to come from mother
- Females / mothers younger in age
  - Likely reflection of demographics (involved in cases with younger children, often younger than their partner)
  - Could represent stress related to having child at young age

# Past History

- History of CAS / domestic violence logically associated with increased homicide
- Important to put interventions in place for these families
- Best interest of child – balance parental custody vs risk of continued violence

# Implications

- Childhood homicide rare occurrence – these risk factors are the exception, not the rule
  - Important not to stigmatize
- Despite this, increased supports can help targeted population – help prevent abuse and death
- Home visits, parenting classes, and social supports improve outcomes
- Health care providers / child protection agencies identify at risk children to provide services

# Future Directions

- Compare risk factors of abuse and homicide to determine which cases more likely to escalate
- Collect data on perpetrator characteristics to find protective factors for abuse / homicide
- Compare differences between countries possibly explaining different homicide rates (i.e. Canada / US)
- Retrospectively examine healthcare history of victims, looking for opportunities to intervene



# Questions?

